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County: Walworth FAIRHAVEN CORPORATION 435 STARIN ROAD WHI TEWATER 53190 Phone: (262) 473-2140
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 84
Total Licensed Bed Capacity (12/31/00): 84
Number of Residents on 12/31/00: 77 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Nonprofit Church-Related Skilled Yes Yes Average Daily Census: 80

| Services Provided to Non-Residents                | Į           | Age, Sex, and Primary Diagn | Length of Stay (12/31/00) | %          |        |                              |                |
|---|-------------|-----------------------------|---------------------------|------------|--------|------------------------------|----------------|
| Home Health Care<br>Supp. Home Care-Personal Care | No  <br>Yes | Primary Diagnosis           | %  <br>                   | Age Groups | %<br>  | Less Than 1 Year 1 - 4 Years | 36. 4<br>46. 8 |
| Supp. Home Care-Household Services                | No          | Developmental Disabilities  | 0.0                       | Under 65   | 1.3    | More Than 4 Years            | 16. 9          |
| Day Servi ces                                     | No          | Mental Illness (Org./Psy)   | 11. 7                     | 65 - 74    | 5. 2   |                              |                |
| Respite Care                                      | No          | Mental Illness (Other)      | 0.0                       | 75 - 84    | 31. 2  |                              | 100. 0         |
| Adult Day Care                                    | No          | Alcohol & Other Drug Abuse  | 0.0                       | 85 - 94    | 46. 8  | ****************             | ******         |
| Adult Day Health Care                             | No          | Para-, Quadra-, Hemiplegic  | 0.0                       | 95 & 0ver  | 15. 6  | Full-Time Equivaler          | nt             |
| Congregate Meals                                  | No          | Cancer                      | 6. 5                      |            |        | Nursing Staff per 100 Re     | esi dents      |
| Home Delivered Meals                              | Yes         | Fractures                   | 6. 5                      |            | 100.0  | (12/31/00)                   |                |
| Other Meals                                       | No          | Cardi ovascul ar            | 18. 2                     | 65 & 0ver  | 98. 7  |                              |                |
| Transportation                                    | Yes         | Cerebrovascul ar            | 16. 9                     |            |        | RNs                          | 12. 7          |
| Referral Service                                  | No          | Di abetes                   | 7.8                       | Sex        | %      | LPNs                         | 10. 3          |
| Other Services                                    | No          | Respi ratory                | 6. 5                      |            |        | Nursing Assistants           |                |
| Provi de Day Programming for                      |             | Other Medical Conditions    | 26. 0                     | Male       | 18. 2  | Aides & Orderlies            | <b>55.</b> 4   |
| Mentally Ill                                      | No          |                             |                           | Femal e    | 81. 8  |                              |                |
| Provi de Day Programming for                      |             |                             | 100. 0                    |            |        |                              |                |
| Developmentally Disabled                          | No          |                             |                           |            | 100. 0 |                              |                |

## Method of Reimbursement

|                     | Medicare<br>(Title 18) |       |           |     | Medicaid<br>(Title 19) |           |     | 0ther    |        |     | Private Pay |           |     | Manageo        | l Care             | Percent         |            |
|---------------------|------------------------|-------|-----------|-----|------------------------|-----------|-----|----------|--------|-----|-------------|-----------|-----|----------------|--------------------|-----------------|------------|
|                     | Per Diem               |       |           | m   | Per Diem               |           |     | Per Diem |        | m   | Per Diem    |           |     | Per Diem Total |                    |                 | Of All     |
| Level of Care       | No.                    | %     | Rate      | No. | . %                    | Rate      | No. | %        | Rate   | No. | . %         | Rate      | No. | %              | Rate               | No.             | Resi dents |
| Int. Skilled Care   | 0                      | 0. 0  | \$0.00    | 1   | 3. 0                   | \$125. 93 | 0   | 0. 0     | \$0.00 | 0   | 0. 0        | \$0.00    | 0   | 0. 0           | \$0.00             | 1               | 1. 3%      |
| Skilled Care        | 12                     | ٠. ٠  | \$289. 48 | 27  | 81.8                   | \$107. 25 | ŏ   | 0. 0     | \$0.00 | 26  |             | \$148.63  | ŏ   | 0. 0           | \$0. 00<br>\$0. 00 | $6\overline{5}$ | 84. 4%     |
| Intermediate        |                        |       |           | 5   | 15. 2                  | \$88. 58  | 0   | 0.0      | \$0.00 | 6   | 18.8        | \$138. 13 | 0   | 0.0            | <b>\$0. 00</b>     | 11              | 14. 3%     |
| Limited Care        |                        |       |           | 0   | 0.0                    | \$0.00    | 0   | 0.0      | \$0.00 | 0   | 0.0         | \$0.00    | 0   | 0.0            | \$0.00             | 0               | 0.0%       |
| Personal Care       |                        |       |           | 0   | 0.0                    | \$0.00    | 0   | 0.0      | \$0.00 | 0   | 0.0         | \$0.00    | 0   | 0.0            | \$0.00             | 0               | 0.0%       |
| Residential Care    |                        |       |           | 0   | 0.0                    | \$0.00    | 0   | 0.0      | \$0.00 | 0   | 0.0         | \$0.00    | 0   | 0.0            | \$0.00             | 0               | 0.0%       |
| Dev. Di sabl ed     |                        |       |           | 0   | 0.0                    | \$0.00    | 0   | 0.0      | \$0.00 | 0   | 0.0         | \$0.00    | 0   | 0.0            | \$0.00             | 0               | 0.0%       |
| Traumatic Brain Inj | . 0                    | 0.0   | \$0.00    | 0   | 0.0                    | \$0.00    | 0   | 0.0      | \$0.00 | 0   | 0.0         | \$0.00    | 0   | 0.0            | \$0.00             | 0               | 0.0%       |
| Ventilator-Dependen | t 0                    | 0.0   | \$0.00    | 0   | 0.0                    | \$0.00    | 0   | 0.0      | \$0.00 | 0   | 0.0         | \$0.00    | 0   | 0.0            | \$0.00             | 0               | 0.0%       |
| Total               | 12                     | 100.0 |           | 33  | 100. 0                 |           | 0   | 0.0      |        | 32  | 100.0       |           | 0   | 0.0            |                    | 77              | 100.0%     |

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 25.8 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Bathi ng 10. 4 **58.** 4 31. 2 77 Other Nursing Homes 1. 5 Dressi ng 11.7 64. 9 23.4 77 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 77 62.9 **26.** 0 **55.8** 18. 2 24.7 77 0.0 Toilet Use 48. 1 27. 3 0.0 Eating 62. 3 22. 1 15.6 77 Other Locations \*\*\*\*\* 9.8 Total Number of Admissions 132 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 6. 5 9. 1 Private Home/No Home Health 38.1 Occ/Freq. Incontinent of Bladder 66. 2 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 37.7 0.0 Other Nursing Homes 0. 0 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 29.9 Mobility 1. 3 Physically Restrained 0.0 5. 2 40.3 0.0 Other Locations 3.7 Skin Care Other Resident Characteristics 28. 4 2.6 Deaths With Pressure Sores Have Advance Directives 96. 1 Total Number of Discharges With Rashes 1.3 Medi cati ons Receiving Psychoactive Drugs (Including Deaths) 134 59.7

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

|  | Ownershi p: |                |       | Bed    | Si ze: | Li ce  | ensure: |            |       |
|--|-------------|----------------|-------|--------|--------|--------|---------|------------|-------|
|  | Thi s       | This Nonprofit |       |        | - 99   | Ski l  | led     | All        |       |
|  | Facility    |                | Group |        | _      |        | Group   | Facilities |       |
|  | %           | %              | Ratio | %      | Ratio  | %      | Ratio   | %          | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 95. 2       | 92.8           | 1.03  | 86. 6  | 1. 10  | 87. 0  | 1. 09   | 84. 5      | 1. 13 |
| Current Residents from In-County                     | 57. 1       | 73. 6          | 0. 78 | 69. 4  | 0.82   | 69. 3  | 0.82    | 77. 5      | 0.74  |
| Admissions from In-County, Still Residing            | 12. 9       | 26. 8          | 0. 48 | 19. 5  | 0. 66  | 22. 3  | 0. 58   | 21. 5      | 0.60  |
| Admissions/Average Daily Census                      | 165. 0      | 86. 5          | 1. 91 | 130. 0 | 1. 27  | 104. 1 | 1. 59   | 124. 3     | 1. 33 |
| Discharges/Average Daily Census                      | 167. 5      | 83. 8          | 2.00  | 129. 6 | 1. 29  | 105. 4 | 1. 59   | 126. 1     | 1. 33 |
| Discharges To Private Residence/Average Daily Census | 63. 8       | 28. 3          | 2. 25 | 47. 7  | 1. 34  | 37. 2  | 1. 71   | 49. 9      | 1. 28 |
| Residents Receiving Skilled Care                     | 85. 7       | 89. 0          | 0. 96 | 89. 9  | 0. 95  | 87. 6  | 0. 98   | 83. 3      | 1.03  |
| Residents Aged 65 and Older                          | 98. 7       | 97. 3          | 1. 01 | 95. 4  | 1.03   | 93. 4  | 1.06    | 87. 7      | 1. 13 |
| Title 19 (Médicaid) Funded Residents                 | 42. 9       | 67. 3          | 0.64  | 68. 7  | 0. 62  | 70. 7  | 0. 61   | 69. 0      | 0. 62 |
| Private Pay Funded Residents                         | 41.6        | 27. 1          | 1. 53 | 22. 6  | 1.84   | 22. 1  | 1.88    | 22.6       | 1.84  |
| Developmentally Disabled Residents                   | 0. 0        | 0.4            | 0.00  | 0. 7   | 0.00   | 0. 7   | 0.00    | 7. 6       | 0.00  |
| Mentally III Résidents                               | 11. 7       | 32.8           | 0. 36 | 35. 9  | 0. 33  | 37. 4  | 0. 31   | 33. 3      | 0. 35 |
| General Medical Service Residents                    | 26. 0       | 22. 4          | 1. 16 | 20. 1  | 1. 29  | 21. 1  | 1. 23   | 18. 4      | 1.41  |
| Impaired ADL (Mean)                                  | 48. 6       | 49. 0          | 0. 99 | 47. 7  | 1.02   | 47. 0  | 1. 03   | 49. 4      | 0. 98 |
| Psychological Problems                               | 59. 7       | 46. 3          | 1. 29 | 49. 3  | 1. 21  | 49. 6  | 1. 20   | 50. 1      | 1. 19 |
| Nursing Care Required (Mean)                         | 6. 8        | 7. 6           | 0. 90 | 6. 6   | 1.04   | 7. 0   | 0. 97   | 7. 2       | 0.95  |